2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000033001

FILED Oct 30, 2008 Secretary of State

Entity Nam	ne: REDEM	BER INC		-	
Current Pr	incipal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
	MODY LAKE I NGE, FL 32				
Current Mailing Address:			New Mailing Address:		
	MODY LAKE I NGE, FL 32				
FEI Number:	20-8644051	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	ISTIN 10DY LAKE I NGE, FL 32				
The above in the State		submits this statement for the p	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E:				
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS	AND DIREC	TORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	ASHER, JUSTI) Delete N DY LAKE DRIVE	Title: Name: Address:	() Change () Addition	

Title: PTD () Delete Title: () Change () Addition Name: ASHER, JUSTIN Name: Address: 5465 CARMODY LAKE DRIVE Address: City-St-Zip: PORT ORANGE, FL 32128 US City-St-Zip:

Title: VP () Delete Title: S (X) Change () Addition Name: DAVIS, JANEEN

 Address:
 5465 CARMODY LAKE DRIVE
 Address:
 5465 CARMODY LAKE DRIVE

 City-St-Zip:
 PORT ORANGE, FL 32128 US
 City-St-Zip:
 PORT ORANGE, FL 32128 US

Title: S () Delete Title: VP (X) Change () Addition

Name: ASHER, JOSHUA Name: ASHER, JOSHUA

Address: 5465 CARMODY LAKE DRIVE Address: 5465 CARMODY LAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

ASHER, JOSHOA
ASHER, JOSHOA
City-St-Zip: PORT ORANGE, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUSTIN ASHER PTD 10/30/2008